



ENSURING ACCESS TO QUALITY  
HEALTH CARE IN CENTRAL ASIA

TECHNICAL REPORT:

## **Supporting the IMCI Strategy: Combating Childhood Illness Through Public Education in Ferghana Oblast**

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**February 2003  
Tashkent, Uzbekistan**



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Ferghana Oblast Health Department

Ferghana branch of the Institute on Health and health centers

*Selskie vrachebnyie punkti* (SVPs or primary health care facilities)

Ferghana Oblast Education Department

Nongovernmental Organizations (NGOs)

Peace Corps

UNICEF

World Health Organization

Grey Worldwide/Tashkent brought enormous creativity and a profound understanding of Uzbek culture to their mass media work.

And finally, without the generous financial support of USAID, these activities would not have been possible.

## II. Abstract

This report describes ZdravPlus' health promotion activities on child health in Ferghana Oblast, the first pilot site for health reform in Uzbekistan, during 2001/2002. Improving child health is a major priority for the Government of Uzbekistan and for ZdravPlus. The Government of Uzbekistan decided to implement the Integrated Management of Childhood Illnesses (IMCI) program as a core component of its strategy to address mortality and morbidity among young children. IMCI is at the heart of WHO's and UNICEF's strategy to reduce the five key causes of death in children under age five worldwide. Together, these causes account for over 70 percent of deaths worldwide among children under age five. IMCI provides a case-management approach to treating young children with pneumonia, diarrhea, malaria, measles and malnutrition. All of these, except malaria, are important health issues in Uzbekistan - and there are indications that malaria, too, may be re-emerging. ZdravPlus, along with other projects and donors, supports training in IMCI for doctors working in SVPs.

### III. Acronyms and Abbreviations

ARI	Acute respiratory infection
IEC	Information, education and communication
IMCI	Integrated Management of Childhood Illness
KAP	Knowledge, Attitudes and Practices (survey)
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
NGO	Nongovernmental organization
ORS	Oral rehydration solution
SVP	<i>selskie vrachebnye punkti</i> (rural primary health care centers)
TV	Television
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## IV. Background

The USAID-funded ZdravPlus project (2000-2005) seeks to improve the quality and efficiency of health services in five countries of Central Asia. This entails support for health reform as well as for training, technical assistance and the provision of limited amounts of equipment to primary health care facilities, known in Uzbekistan as *selskie vrachebnyie punkti* (SVPs). Health promotion/health education supports these efforts by improving public understanding of health care topics, helping the public take greater responsibility for its own health and encouraging healthy lifestyles. This report describes ZdravPlus' health promotion activities on child health in Ferghana Oblast, the first pilot site for health reform in Uzbekistan, during 2001/2002.

Improving child health is a major priority for the Government of Uzbekistan and for ZdravPlus.

- The infant mortality rate is estimated at 52/1,000 live births in UNICEF's (United Nations Children's Fund) Multiple Indicator Cluster Survey (MICS) conducted in 2000.
- The under-five mortality rate is estimated at 69/1,000 live births in the MICS.
- Government data indicate that, in 2000, 51 percent of infants who died before age one had a respiratory infection - pneumonia.
- Worldwide, diarrheal disease is the cause of 19 percent of deaths among children under five, according to data from the World Health Organization (WHO), and it is thought that the figure in Uzbekistan is comparable.
- Nineteen percent of children under age three are underweight for their age, according to the 1996 Demographic and Health Survey, indicating nutrition problems, and 31 percent of children in this age group are severely or moderately stunted (short for their age), indicating chronic undernutrition.

The Government of Uzbekistan decided to implement the Integrated Management of Childhood Illnesses (IMCI) program, as a core component of its strategy to address mortality and morbidity among young children. IMCI is at the heart of WHO's and UNICEF's strategy to reduce the five key causes of death in children under age five worldwide. Together, these causes account for over 70 percent of deaths worldwide among children under age five\*. IMCI provides a case-management approach to treating young children with pneumonia, diarrhea, malaria, measles and malnutrition. All of these, except malaria, are important health issues in Uzbekistan - and there are indications that malaria, too, may be reemerging. ZdravPlus, along with other projects and donors, supports training in IMCI for doctors working in SVPs.

To be effective, however, IMCI needs to involve families and communities, and not just health workers, in preventing childhood illness and providing prompt and appropriate treatment to avoid deaths. This facet of IMCI is termed Community IMCI. ZdravPlus was eager to implement Community IMCI at the same time as clinical training for primary health care doctors, thus tackling both the "supply" and the "demand" side of treatment for childhood illness simultaneously.

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\* Peter Winch, Karen LeBan, Barmak Kusha et al, "Reaching Communities for Child Health and Nutrition: A Framework for Household and Community IMCI," chapter 2, Child Survival and Technical Support Project, ORC Macro, Calverton, Maryland, April 2001

## V. Strategic Approach

Community IMCI is implemented in very different ways in different settings. WHO and UNICEF suggest a community-based approach, working through community leaders, mothers' groups and other local structures, in partnership with health workers. In the case of Uzbekistan, such an approach would be very challenging. First, as a post-Soviet country, there isn't a tradition of community health education or community mobilization. Second, the key messages about child health promoted through IMCI represent a radical departure from past practices of both health workers and the population. So, any strategy relying largely on person-to-person communications would be difficult to implement and would risk distortion of the messages. Thus, ZdravPlus chose to combine interpersonal communications with mass media in an effort to ensure that accurate information would be communicated.

Health education on IMCI presents a challenge to health educators and health communication specialists, since IMCI targets five health problems in an integrated manner, and it is difficult to effectively communicate messages to the population on so many topics at one time. ZdravPlus adopted a strategy that segmented the IMCI interventions into three groups, to be addressed in three separate health promotion campaigns over a one-year period:

- The first campaign addressed nutrition and anemia. Anemia levels in Uzbekistan - and particularly in Ferghana - are high and the Government considers combating anemia a top priority. So child nutrition issues were addressed in the context of anemia.
- The second campaign targeted acute respiratory infections (ARIs) and fever and took place in the winter, when these problems are most common;
- The third campaign dealt with diarrheal disease and hygiene and took place the following summer, which is when diarrhea most often occurs.

A campaign approach allowed the many health topics covered in IMCI to be addressed in segments and to address topics at the time of year when particular diseases were most prevalent. It also had the advantage of allowing health workers and health educators to learn the information on a few health topics and then focus on educating the population on those topics for a limited period of time, before moving on to other topics. Finally, it had logistical advantages for ZdravPlus, because it spread the development of materials on many health topics over a longer time period. All the campaigns, however, were linked in their message strategy, repeating and reinforcing key messages from prior campaigns, as well as introducing new messages.

### COMMUNITY IMCI—A CAMPAIGN APPROACH

- ***There is no Place for Anemia*** - August-September 2001
  - Breastfeeding, complementary feeding
- ***Protect your Child from Pneumonia*** - December 2001-February 2002
  - Acute respiratory infections, fever, breastfeeding
- ***Stop Diarrhea!*** - May-July 2002
  - Diarrhea, hygiene, breastfeeding
- ***Brochure on childhood immunization***

Increasing awareness of the IMCI danger signs, when a child should be taken to a health worker immediately, presented a particular challenge since there are nine danger signs, which is a large number to promote in a short period of time. The approach ZdravPlus adopted was to focus on the danger signs related to ARIs and fever during the ARI campaign, and on those related to diarrhea during that campaign. All nine danger signs were included

in the print materials and repeated prominently in each brochure related to child health.

Since immunization coverage is relatively high in Uzbekistan, it was decided that immunization did not require a full campaign. However, the public has a weak understanding of which the vaccine-preventable diseases are, and parents hesitate to have a child immunized if he/she is sick. So it was decided to prepare a brochure aimed at helping parents and caretakers better understand these topics and to disseminate that widely.

ZdravPlus was interested in approaches to health promotion that would present health information in entertaining ways and was fortunate to receive a creative proposal from the advertising agency, Grey Worldwide/Tashkent, to produce a TV soap opera on health topics - which it accepted.

A key part of the strategy was also to keep a close link between clinical training and community education so as to maximize the impact of both. Clinical training started well before the health promotion campaigns, so providers would be in place to provide IMCI services, but it was not *completed* before the campaigns. As a result training continued during and between the campaigns. This meant that while IMCI algorithms lay at the heart of the campaign, the name “IMCI” itself could not be promoted. Another link with clinical training was the production of the mother’s card, a flyer used by health workers to counsel mothers on correct home care for young children, adapted to look appropriate for Uzbekistan. In addition, video materials and live drama showed health workers following IMCI algorithms for diagnosis and treatment of sick children.

The development of each campaign took the following steps:

- The identification of key IMCI messages for mothers/caretakers, based on IMCI materials and algorithms;
- A review of existing research, supplemented by conducting additional formative research to assess the population’s knowledge and attitudes on the selected health topics, their current practices, traditional beliefs, the terminology used by the population, as well as sources of information on the selected health topics;
- A blending of the key IMCI messages with the results of the research to identify objectives for each campaign, key messages, and target audiences. These were discussed and approved by an expert advisory committee;
- Development of campaign materials, such as radio and TV products, newspaper articles and advertisements, brochures and posters, using the key messages to achieve the campaign objectives. These materials were pre-tested with the population for understanding and appropriateness, as well as reviewed and approved by the campaign advisory committee and the Ministry of Health (MOH), before going into production;
- Production of the materials, followed by final approval from the campaign advisory committee and the MOH;
- Campaign launch and implementation over a six-week period.

There was a survey after all three campaigns to assess the extent to which objectives were achieved.

## **VI. Objectives and Key Messages**

ZdravPlus drew on existing research by various organizations as well as its own formative research to develop its campaigns. A Knowledge, Attitudes and Practices (KAP) survey, conducted in three Ferghana rayons in June 2001, provided baseline data on public knowledge about IMCI topics. A repetition of the



survey in September 2002 allowed the impact of the campaign to be measured.\* In addition to the KAP, focus groups provided valuable information on public attitudes toward health topics, traditional practices, terminology used by the public, etc. Other research not conducted by ZdravPlus was also reviewed, including the MICS conducted by UNICEF in 2000, the 1996 Demographic and Health Survey and studies by other organizations, including WHO, Project HOPE and Medecins sans Frontieres.

Objectives and key messages for each campaign were developed on the basis of the research, with guidance from a distinguished advisory committee. The advisory committees comprised Uzbek experts on the particular health topic, health communication specialists, representatives of donors and international organizations and other appropriate organizations, as well as ZdravPlus staff. (See Annex 1 for a list of advisory committee members for all three campaigns.)

The process of message development entailed reviewing the IMCI modules and other WHO and UNICEF materials to identify the most important behaviors that the population should be following on the specific health problem at issue (anemia/nutrition, ARIs, diarrhea). Then the research was reviewed to identify the population's *actual* practices. Campaign objectives were then set which would move the population closer to the correct practices. The research was then reviewed again to identify aspects of the population's knowledge, attitudes and behavior that could be used to encourage the correct behavior or combat problematical behaviors, and these became key messages.

Ultimately, a few key messages were identified for each campaign and these were emphasized and repeated again and again throughout the campaign, in different ways and through different media. In addition, each campaign reiterated appropriate key messages from prior campaigns, to reinforce them. There were also second- and third-tier messages, which received lesser priority and repetition, but that were also woven into the campaign message strategy. More detailed information was included in those media that allowed for more in-depth discussion, such as brochures, newspaper articles and interpersonal communications.

### **A. "There is no Place for Anemia" Campaign**

The anemia campaign was aimed at improving public knowledge related to nutrition for both adults *and* young children, but this report focuses on the objectives related to child health. The full campaign is described in the ZdravPlus report "'There is no Place for Anemia' Health Promotion Campaign," by Alisher Ibragimov, Asta Kenney, Farruh Yusupov, Melinda Pavin and Zafar Oripov, August/September 2001.

IMCI recommends exclusive breastfeeding, i.e. giving a baby nothing but breastmilk for the first 4-6 months to promote growth and protect against disease. The MICS, however, showed that only 22 percent of children three months or younger are exclusively breastfed and, even in the first month of life, only 34 percent are exclusively breastfed. Young babies often receive foods and drinks that can be harmful. Almost all receive water, many receive tea, fruit juices, milk or sour milk products and solid foods. Thus one major objective of the anemia campaign *was to increase the percentage of the adult population knowing that an infant should receive nothing but breastmilk for the first six months of life*.

While complementary foods and beverages are introduced too early, at age six months when a range of complementary foods should be introduced, children often do not get the appropriate variety of foods, such as meat, vegetables and greens, legumes, cereals and fruits. Infants and young children often get adult foods, finely chopped or ground, while energy-rich foods such as meat and cereals are often introduced too late. In fact, according to the MICS, just 45 percent of infants aged 6-9 months receive

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\* The KAP survey, in both years, had a sample size of 400—about 70 percent women—including 100 people each from Kuva and Ohunbabaev rayons and Margilon city in Ferghana Oblast, as well as 100 from Sirdaryo Oblast as a comparison group. The data used in this report are for Ferghana Oblast only, since ZdravPlus' health promotion work focused on Ferghana Oblast and not on Sirdaryo.

breastmilk *and* complementary foods, as recommended. Thus, the second key objective was to increase the percentage of the adult population *able to cite iron-rich complementary foods for infants six months old or older*.



These two objectives were implemented through two key messages. The research showed that many people believe that breastmilk is food for the baby, but not drink, which could explain why many people give water or other liquids. Thus, the first key message was that *breastmilk is the only food and drink a baby needs for the first six months of life*. A second-tier message justified this by stating that avoiding other foods and liquids will help keep the baby healthy and protect against anemia and other diseases.

The key message for the second objective was that *starting at about six months of age, breastmilk alone is no longer enough. An infant needs proper complementary foods, too*. Small amounts of boiled meat, pureed together with porridge, vegetables or rice, will avoid the child getting anemia. A secondary message was that breastfeeding should continue to age two. Since the duration of breastfeeding is quite long - by the time they are one and a half years old, more than half of children are still receiving breastmilk, according to the MICS - it was felt that this message did not need to be strongly emphasized. However, where time and space permitted, as in brochures and newspaper articles, a third-tier message addressed the significant problem of harmful beverages given to young children. It stated that children should never be given tea and that whole milk should not be introduced before nine months and only then when diluted with water.

## **B. “Protect your Child Against Pneumonia” Campaign**

The pneumonia campaign addressed ARIs and fever, but put them in the context of pneumonia, because formative research showed that the public was very concerned about pneumonia but not too worried when a child has a cough or a cold. Public knowledge about pneumonia was not very strong. Focus groups showed that people know it is a dangerous disease that affects the lungs, but they were not aware of the key signs of pneumonia and often confused it with tuberculosis. People *were* found to be concerned when a child has a fever, so there was little need to raise awareness of fever, the emphasis needed to be on proper treatment.

The KAP survey showed widespread misinformation about how to treat a child with a cough or a cold. The most common treatment reported by respondents was to rub the child with alcohol or to apply hot compresses (58 percent); followed by giving antibiotics (38 percent); and, less frequently, paracetamol or aspirin (21 percent). Medicines are often given from the very first day when a child has a temperature, according to the focus groups, with paracetamol generally preferred over aspirin. Moreover, injections are considered better for children than tablets, because children are thought to have difficulty taking medicines orally.

The focus groups shed light on a number of traditional remedies. They indicated a widespread belief that, if a person sweats profusely, the disease will “come out” with the sweat. Accordingly, a sick person is often bundled up in warm clothes and heavy covers. For a cold, many people said they place onion or garlic juice in the child’s nose; for a sore throat, they apply vaseline, kerosene or urine to the inside of the throat, and sometimes even scratch the throat for better absorption. Also, a narcotic, *kuknar*, is often used to prevent and cure coughs and colds.

Knowledge of the *correct* practices, meanwhile, was low. Only 13 percent of the sample in the KAP survey said the child should get plenty of fluids; six percent said that the child should be kept warm but not hot; and just two percent said he/she should continue eating.

The KAP also demonstrated weak knowledge of the danger signs related to ARIs when a child should go to a doctor immediately. Only 16 percent recognized a cough or cold accompanied by difficult or rapid breathing as a condition calling for immediate medical attention; just 14 percent knew the inability to breastfeed or poor breastfeeding; and only five percent recognized the inability to drink. Almost three-quarters of the population (72 percent), on the other hand, knew that a high temperature can be dangerous.

The pneumonia campaign had two objectives. They were to increase the percentage of the population knowing:

- how to care for a child at home if he/she has a cough, a cold or a fever and
- the danger signs when a child should be taken to a doctor immediately.

Within these relatively broad objectives, priority was given to increased fluid-intake and continued feeding as *the* most important home care; and to recognition of rapid or difficult breathing and the inability to drink or breastfeed as the most important danger signs. A secondary campaign objective was to increase the percentage of the population knowing that an infant with an ARI should be breastfed more frequently and for longer than usual.



Since the focus groups indicated that people were not very concerned when a child has a cough or a cold, but that they were well aware that pneumonia is a serious illness, it was decided that one key message should aim to raise awareness of the risks that accompany a cough or a cold. So the first key message stated that, *if a child has a cough, a cold or a fever, he/she needs proper home care so as to prevent pneumonia.*

The second key message was that *a child who has a cough, a cold or a fever needs to drink extra fluids* to compensate for the fluids he/she is losing through coughing, rapid or difficult breathing. The content of this message differed for children of different ages. It was pointed out in second-tier messages that infants who are being breastfed should get breastmilk more frequently and for longer than usual. Indeed, that an infant under six months should get nothing but breastmilk, with no other food or drink. The message conveyed that breast milk contains all the nutrients an infant needs to grow well and be protected against illnesses. Another message said that children and older infants should get clean boiled and cooled water, fruit juices or compote, kefir, soup, meat broths or rice water.

The third key message was that *a child who has a cough, a cold or a fever needs to continue eating as usual* to stay strong and fight the illness. The campaign advised soft, varied, appetizing, favorite foods, frequent small feedings, and actively encouraging a child to eat as much as possible. One secondary message noted that, *after* an illness, a child needs to eat somewhat more than usual to regain strength; and another that, by age six months, infants need to get thick, nourishing complementary foods; breastmilk alone is no longer enough, but the child should continue to get breastmilk up to age two. Thus, the messages for the pneumonia campaign reiterated, in a different context, the messages on breastfeeding and complementary feeding from the anemia campaign.

The research showed widespread misuse of antibiotics, with 38 percent of respondents in the KAP saying they would give a child antibiotics for a cough or a cold. To combat this harmful practice, the fourth message was *not to give a child antibiotics without first consulting a doctor*, and then to follow the doctor's instructions. It was pointed out that antibiotics will not help with many coughs and colds and should be used only when really necessary, and then in the right dosage. A child who is often given antibiotics builds up resistance, so they may not work later when he/she really needs them. The campaign also stated several times that a child with a fever may be given paracetamol, but that if the temperature reaches 38.5° or above, or his/her forehead is burning hot to the touch, the child should be taken to a health worker immediately.

The last message related to ARI danger signs. It stated that *if a child has a cough, a cold or a fever and any of the following signs are present, the child should be taken to a doctor immediately*.

- Fast breathing;
- Difficulty breathing;
- Temperature of 38.5° or above--or a forehead that is burning hot to the touch;
- Not able to drink or breastfeed—or feeding poorly;
- Shows no improvement or becomes sicker.

### **C. “Stop Diarrhea” Campaign**

The diarrhea campaign had two objectives, quite similar to those for the pneumonia campaign. These were to increase the percentage of the population knowing:

- How to care for a child at home if s/he has diarrhea and
- The danger signs when a child should be taken to a doctor immediately.

Within these broad objectives, priority was given to increased fluid-intake and continued feeding as *the* most important home care; and to recognition that, if one of the following conditions is present, the child should be taken to a doctor immediately:

- Becomes sicker;
- Cannot drink or breastfeed;
- The temperature goes up;
- Blood in the stool.

The diarrhea campaign also built on a summer 2000 campaign conducted by ZdravPlus' predecessor project, ZdravReform. The endline survey for that campaign recommended that future campaigns aim to increase knowledge on three priority topics. First, on the causes of diarrhea, since only 71 percent of respondents correctly identified poor hygiene or contaminated food and water as the cause at the end of that campaign. Second, on the main sign/symptom of diarrhea being frequent thin or watery stool - only 58 percent knew this at the end of the campaign. And on how to correctly prepare ORS, which was reported by just 67 percent.

Pre-campaign research showed that, while 65 percent of the population understood that diarrhea means frequent thin, watery stool, many others thought a child had diarrhea when he/she had a high temperature, abdominal pain, weakness or fatigue and/or repeated vomiting. Accordingly, all the key

messages included a brief phrase that diarrhea means frequent thin, watery stool, making this an underlying message throughout the campaign.

The key messages for this campaign were similar to those for the pneumonia campaign, reiterating that a child should get more to drink and continue eating, and that a young baby should get breastmilk more often and for longer. This emphasis addressed the finding, in UNICEF's 2000 MICS, that only 20 percent of under-five children who were ill during the last two weeks receive increased fluids and continue eating.



ZdravPlus' KAP survey showed that, while 63 percent of people thought a child with diarrhea should get more fluids than usual, 20 percent thought the child should get less or none at all, eight percent thought fluids should be given as usual and eight percent did not know. The first message was that a *child with diarrhea should drink as much liquid as he/she will take, to replace the liquid being lost*. To prevent dehydration, the child should get "salt solution" (the Uzbek term) such as Rehydron or ORS or rice water. The child can also be given cooled boiled water.

A separate message concerned the correct preparation of oral rehydration solution. It stated that *the only medicine to give to a child with diarrhea is "salt solution" such as Rehydron or ORS*. And it went on to explain the key steps in preparation, pointing out that the solution must be made fresh each day. It concluded with a secondary message, echoing the pneumonia campaign - never to give antibiotics to a child, without consulting a doctor.

The message about giving a sick child more to drink was divided according to the age of the infant. A separate message on caring for a baby under six months advised *breastfeeding the baby more often and for longer*. It reiterated that breastmilk is all that such a young child should get. However, to prevent dehydration and help restore lost water, the baby can get "salt solution" such as Rehydron or ORS *after* he/she has finished breastfeeding. The KAP survey showed that 61 percent of the public thought that infants less than six months old should get breastmilk and 39 percent cited Rehydron, but significant minorities thought the child should get fruit juices or tea or weaning foods, such as porridge.

In terms of food, 76 percent of the sample in the KAP survey thought a child with diarrhea should get less food than usual or no food at all, while only eight percent thought he should eat as usual and nine percent thought more than usual. Thus, the third key message was that, *if a child has diarrhea he/she should eat as usual to keep up his/her strength*. A secondary message was that, if the child is receiving complementary food in addition to breast milk, he/she should get small portions of cooked cereal, rice, mashed vegetables or cooked fruits at least six times a day. Another subsidiary message was that, when the child recovers, he/she should get a little more food daily for the next two weeks to restore his/her strength.

The fourth key message of the diarrhea campaign concerned danger signs related to diarrhea. It stated that, if a child has diarrhea and one of the following conditions is present, he/she should be taken to the doctor immediately:

- Becomes sicker
- Cannot drink or breastfeed
- The temperature goes up
- Blood in the stool



The only one of these danger signs widely recognized by the population was if a child's temperature goes up. The others were recognized by well under half the population, the inability to drink was recognized by only five percent, and the inability to breastfeed by just 14 percent of the population. Pre-campaign figures for recognition of these danger signs appear in Figure 4 on page 21.

Since diarrhea is often a result of poor hygiene, the campaign included some simple tips on how to prevent diarrhea:

- In the case of a baby under six months old: year-round—even in summer—the only food and drink the baby needs is breastmilk;
- Use only clean, boiled water for drinking and cooking;
- Wash all fruits and vegetables in clean, boiled water;
- Wash your hands with soap as often as possible.

#### **D. Other Messages**

Embodied in the campaigns were also some more subtle messages, not always directly related to the topic of the campaign.

As a project designed to strengthen primary health care, ZdravPlus decided to present an SVP doctor and a nurse (both played by actors) as heroes in the soap operas. The doctor is a role model for a new generation of general practitioners that the Government is promoting: a doctor who can take care of most people's basic health care needs. And the nurse represents the nurse of the future, who can provide a range of services for patients and plays a large role in patient education. Both characters are presented as caring, committed professionals who are very involved in their community and concerned about its health. The campaigns, however, consciously did *not* encourage people to visit their SVP, since IMCI training had not reached all SVPs.

A number of social issues were also tackled, most clearly in the anemia campaign. One of these is that women and children are at the bottom of the "family food chain." Multi-generational families are the norm in Ferghana and a young wife always feeds her husband first, giving him the best food; then the elders (usually the young husband's parents); then the children; leaving herself for last. Since meat is very expensive relative to family incomes, when it is served, there are usually only a few pieces in the pot, and they go to the man and the elders. Moreover, a young wife wants to be perceived by her husband's family as undemanding and compliant. By the time it is her turn to eat, often she is left with only bread and tea. The anemia campaign tackled this issue in the soap opera and in TV and radio spots. The spots show a young Uzbek couple having lunch.

"Why aren't you having any meat?" the husband asks.

"Because you are a man and you should eat more. You go to work and I stay at home," replies the demure young wife.

"But you work at home as much as I do. And our children's health depends on your health," says the husband, in a scene that is hard to imagine in reality. "So we'll share the food equally between us. Otherwise, you'll be weak and you may get anemia or other diseases. Give me your plate. I'll give you some meat."

## VII. Target Audiences

Since ZdravPlus works largely in rural areas, the campaigns were designed with the rural population in mind. However, they also had to be acceptable to urban populations because some of the media - particularly TV, radio and newspapers - would also reach the cities. Within those parameters, based on the information gathered during the research phase, the project also identified three priority target audiences, which changed only minimally for the three campaigns.



The priority target audience was *young women*. In the case of the anemia campaign, it was young women aged 15-30 because they do much of the shopping and cooking at home before marriage, and when they marry they often form life-long cooking habits in the context of their new family. For the pneumonia and diarrhea campaigns, it was women with children up to age five, since they are the prime caretakers of young children.

There were also two very important secondary target audiences. One was *women of an older generation*, mothers and mothers-in-law, because they have enormous influence in families, particularly in rural areas. They usually have the last word on domestic and family matters. Moreover, young women often live with their husband's family and must abide by their wishes. The other secondary audience was *young husbands* (aged 18-30) who also have great influence over their wives, and who can share with their wives the responsibility for caring for their children.

All materials and messages for the campaigns were designed primarily for these audiences. The characters in the soap operas and spots reflected these priorities, with older women and men often cast as the heroes who convey correct information or are quick to adopt the new, correct practices.

## VIII. Communications Media

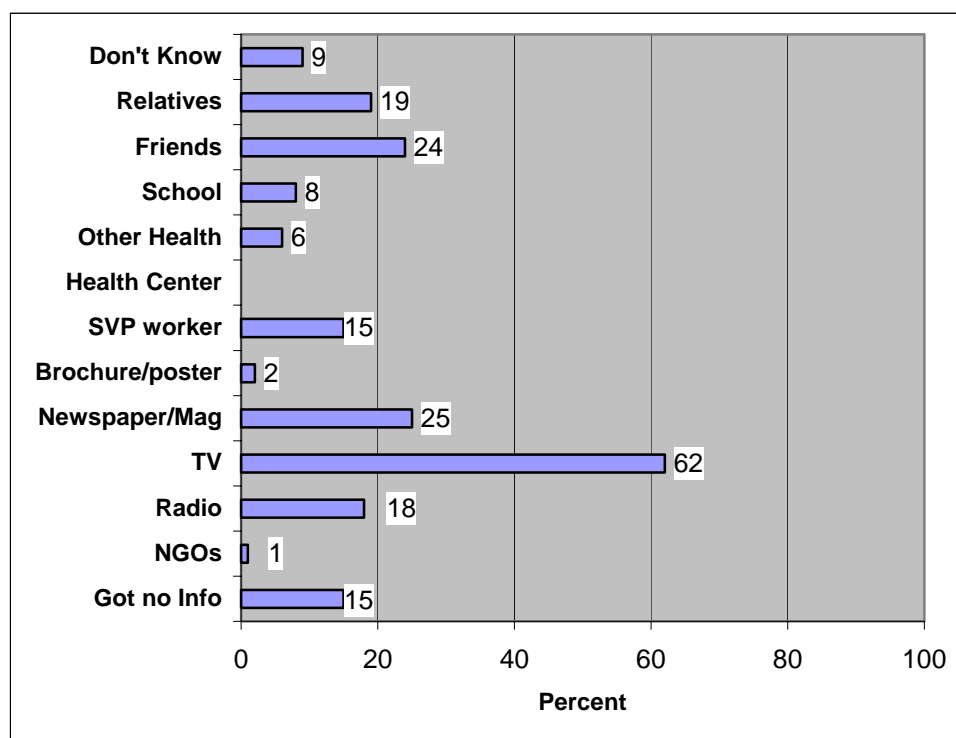
ZdravPlus used both mass media and interpersonal communications to educate communities on IMCI topics. This mix of media combines the broad reach of mass media, with its potential impact on knowledge, with the powerful influence of person-to-person communication, which generally has a larger impact on behavior. It should also be pointed out that, from the beginning, it has been a priority for ZdravPlus to build the reputation of SVPs as places where the population can get information on health topics, so interpersonal communications through SVP doctors, and most especially nurses, was a priority in education on IMCI issues.

Data indicated that television would be the most effective medium to reach the population. A household survey conducted by ZdravReform, ZdravPlus' precursor project, in May 2000 in six rayons of Ferghana and Sirdaryo found that 82 percent of households had a TV, as compared to only 35 percent with a radio—and that there were more *working* TVs than radios. A 2001 UNFPA survey in six oblasts found that 77 percent of the population like to watch TV, while only 12 percent like to listen to radio

The results of the first KAP survey came too late to influence the selection of communications media for the anemia campaign. They were valuable, however, for subsequent efforts. The KAP confirmed that TV is an extremely important medium, watched by 86 percent of people daily or almost every day, significantly more than listen to radio (41 percent) or read newspapers (21 percent). As can be seen in Figure 1, TV is also the main source of information about *health* for 62 percent of people, followed by newspapers and magazines (25 percent) and friends, neighbors and acquaintances (24 percent). It is relatively inexpensive to produce material for TV in Uzbekistan, justifying the choice of this medium.

Moreover, with carefully prepared mass media materials, the content of messages is always accurate, while it is harder to control the accuracy of the information conveyed through interpersonal communications. In light of all these considerations, TV was selected as the main mass medium, although radio and newspapers were also used to a significant extent.

**Figure 1: Sources of Health Information in the Past Year**  
(Percent of the Population Reporting Various Sources of Health Information, 2001)



The KAP survey showed that only 15 percent of people got health information from SVP health workers, reflecting the fact that little emphasis was placed on health workers educating the population in Soviet times, although this figure was undoubtedly lower in the past, before ZdravPlus and other organizations began working with health workers on this topic. The project has worked for a number of years to increase the role of SVP doctors, and most particularly nurses, in health education. In addition, it works with health centers, the MOH's network of health educators, which has a presence in every rayon, and with the staff and volunteers of NGOs that receive small grants for health education activities. The project has trained these groups on interpersonal communication skills and, prior to each campaign, on the campaign topic. All of these health educators also received substantial supplies of posters, brochures and videos to use in their health education activities and to distribute to the public.

In addition, the project works with teachers and school nurses in 16 pilot schools in Ferghana, to strengthen health education for school students. This offered an interesting avenue for communications, by directly giving elementary-aged children simple information on their own health. It was hoped that the children would also discuss this information with their parents at home.

Strengthening the interpersonal communications skills of health workers and others takes time and is complicated by the fact that so much of the information in the project's campaigns is new and different from what the health workers know. It is a challenge to encourage community-based health education activities and doubly so to ensure that the information conveyed to the public is accurate. This was a major reason to place a great deal of emphasis on mass media, where the content of the messages can be controlled.



The population of Ferghana has had very limited access to information on health topics, yet people are highly literate and glad to have something to read, so print media can be a highly effective medium of communication. For each campaign, the project produced sufficient quantities of brochures to reach every household in Ferghana Oblast - about 160,000 copies - as well as large quantities of posters for display in public places. These were distributed through SVPs, health centers and NGOs and made their way into *mahalla* offices, pharmacies, bazaars and many other places. They also served a valuable role to help health educators disseminate accurate information on health topics.

In addition, ZdravPlus placed newspaper articles and advertisements in all the major Ferghana print media during each campaign, providing printed information to the population through another channel. However, newspapers reach a largely urban population and, in difficult economic times, many people cannot afford to buy them.

The key messages were carried most clearly and succinctly in the TV and radio spots, newspaper advertisements and posters, as well as being repeated several times in different ways in the soap operas. More in-depth explanations were included in the brochures and newspaper articles as well as in interpersonal communications activities. And all media, but particularly the soap opera and print materials, combated misinformation identified during the formative research.

## **IX. Campaign Activities**

Mass media provided the foundation for many creative interpersonal communications activities. They constantly repeated the key messages, both in entertaining format through soap operas, and more directly through educational TV and radio spots. Meanwhile, brochures and posters as well as newspaper articles and advertisements reinforced the key messages and provided more in-depth information. Mass media coverage was so intense that some people were heard to say that they were tired of hearing about health all the time, everywhere!

Each campaign used very similar products and media - almost all in Uzbek:

- A TV soap opera in two or three parts, each part lasting close to half an hour. (See synopses of the dramas presented in boxes between pages 15 and 17.) Typically, the soap opera in its entirety was run 10 times during a campaign on Oblast TV and two private stations in Margilon and Kokand cities;
- Five or six one-minute TV spots featuring key messages were aired seven or eight times a day throughout the campaign;
- Five or six one-minute radio spots, aired four times a day on Oblast radio;
- Four to six different newspaper articles with more detailed information. Articles appeared twice a week in the major Uzbek-language newspaper and the Russian newspaper;
- Four newspaper advertisements with key messages; these appeared twice a week in the same editions as the newspaper articles;
- Brochures with more detailed information on the health topic. These were distributed through SVPs, health centers and NGOs around Ferghana Oblast;
- Posters with the key messages of the campaign. These were also distributed oblast-wide through SVPs, health centers and NGOs;
- A scenario for a live drama for a touring theater company—for the campaigns that ran during the summer months.

The list of ZdravPlus' health education materials on IMCI appears in Appendix 2.

Production of the mass media materials for each campaign typically took four to five months. And as production of these materials was nearing completion, it was time to prepare for the campaign launch and interpersonal communications activities. Meetings and trainings were conducted for health educators in health centers - health centers are the MOH's grass-roots health education structure - NGOs and SVPs, to be sure they were familiar with the materials and key messages of each campaign. The workshops and meetings had a major focus on communications strategies and techniques such as health fairs, games on health themes and conducting interactive "community conversations." Materials were distributed in bulk to SVPs, NGOs and health centers shortly prior to each campaign, for further distribution to the public.

Each campaign kicked off with a launch ceremony in Ferghana City, with speeches by representatives from the Ministry of Health, the Ferghana Oblast Hokimiat, Oblast Health Department, USAID and ZdravPlus. The two campaigns that opened in the summer months: "There is no Place for Anemia" and "Stop Diarrhea", featured outdoor opening ceremonies held in conjunction with a health fair. Health fairs are something new for Uzbekistan and attracted substantial crowds and considerable media interest. A *jarchi*, or traditional town-cryer on horseback, and the sound of the *karnai* and *sumnai* (traditional horns) alerted people in the center of the city to the event and banners around town announced the event beforehand. There were tables in Ferghana Central Park with information on health—particularly on the

#### **SIMPLE TRUTH—A DRAMA ON ANEMIA**

The three-part TV soap opera, "Simple Truth," tells a story, tinged with both humor and sadness, of a typical Uzbek family and how anemia, and a doctor's recommendations for curing it, lead to family crises—with a happy ending. The drama features a young husband, a traditional and demure young wife, a mother-in-law and even a sorcerer. After many twists and turns in a plot involving suspicions of amorous encounters, family rifts, and failed sorcery, the local SVP doctor convinces the mother-in-law that her family's anemia must be cured for the sake of the children. He persuades her to take responsibility for ensuring that the family is treated and eats right from now on. Neighbors recognize that they, too, have anemia and all want to learn from the doctor how to eat right.

topic of the campaign—posters displayed on trees; games for children to help them learn about health; a live drama on the topic; songs and poems by children on health themes; and viewing of the newest soap opera.

Campaign launch ceremonies were also an opportunity to bring together health educators, to build enthusiasm for the new campaign, to distribute the new materials, discuss the key messages and to give the educators an opportunity to share ideas with others. For example, the opening of the pneumonia campaign during the winter provided an opportunity for some creative health educators to demonstrate some short dramas and a puppet show on ARIs, performances to be replicated for the public over the course of the campaign.

During the summer months, a theater troupe toured all rayons of Ferghana with a live drama on anemia/nutrition one year and on diarrhea the next. They performed in parks and other open-air venues where large crowds could be found. The theater troupe worked hand-in-hand with health center staff who collected people for the event and then facilitated discussions after the drama, to help people understand the key messages.

SVP staff distributed IEC materials in their clinics and communities, conducted seminars for the public and counseled caretakers, using the mother's card. During office examinations and home visits, doctors and nurses who had completed IMCI training counseled caretakers using interactive techniques, encouraging people to describe what to do in case of illness, to list danger signs, etc.

Health centers played an important role in educating their communities. They conducted health fairs with games, puppet shows and skits in public places, reaching hundreds of people. For example, during the pneumonia campaign, Furqat Health Center brought about 100 children from schools to the central performance hall in the rayon and conducted a health fair, with games, a short lecture and skits. The highlight of the program was a puppet show about animals living in a forest that get an ARI and how they get proper treatment - a performance featuring key messages for the campaign. The scenario for the puppet show was based on rhymed verses written by the staff of the health center. The health center also developed a booklet for school children and kindergarteners based on the scenario of the puppet show. That booklet was then used to stage the puppet show at schools and kindergartens, where children were able to learn the key messages and then share them with their families and friends. Copies of the booklet were also awarded as prizes to the winners of various contests during the health fair conducted by Furqat Health Center.

Health Centers also collaborated with kindergartens and schools to organize celebrations around campaign themes. For these celebrations, school children and kindergarteners prepared various performances, such as skits, songs, dances and poems covering key messages of the campaigns.

Health centers collaborated with NGOs to organize concurrent launch ceremonies for the diarrhea campaign in rayons throughout Ferghana Oblast. These took the form of health fairs with live theater performances based on the dramatic scenario prepared for the central launch ceremony conducted by ZdravPlus in Ferghana City in collaboration with NGOs and oblast authorities.

NGOs, too, played an important role in health education. Two NGOs, Unisov and the SVP Association, conducted “Healthy Food Festivals” as part of their public education activities for the anemia campaign. The festivals featured information about family nutrition, displays of iron-rich foods and cooking demonstrations using these foods. The food fairs included contests for the best menus, including salads, first and second courses. Fifty people participated in the contests and some 800 people were involved in the food fairs.

### **GOLDFISH—A DRAMA ON PNEUMONIA**

A goldfish is a symbol of good luck in Uzbekistan and this two-part drama tells the story of young Turgun who is so eager to go to the village New Year’s party that he declines to join his parents for a visit to relatives in town. Santa Claus has promised to bring him a goldfish in a bowl. Left alone with his grandmother, he promptly falls ill with a bad cold. The grandmother and a neighbor try to treat him with a variety of traditional remedies, but when he fails to get better, the grandmother calls the local SVP doctor who explains how to treat him correctly. Following the doctor’s instructions, Turgun is on the road to recovery in a couple of days—but not soon enough to be able to go to the party.... The doctor saves the day by telling Turgun that, even though he can’t go to the party, Santa Claus will come to see him at home—bringing the goldfish. Santa Claus has difficulty finding a goldfish, but succeeds—in the nick of time—and comes to visit Turgun. The boy’s parents return from town and the grandmother tells about her anxiety when Turgun got sick—and how the doctor’s recommendations helped him recover. The drama closes with the family, the doctor, Santa Claus and others watching the clock as midnight approaches and praising the doctor’s knowledge.

One NGO, Navbahor, was responsible for an innovative idea: setting up health booths at one of the largest bazaars in Ferghana Oblast to distribute IEC materials and counsel shoppers on health topics during campaigns. They also provided health information over the bazaar loudspeaker systems. Navbahor also conducted seminars for visiting nurses on how to prevent and treat ARIs at home, helping the nurses better communicate messages to the population. During the seminars, the NGO distributed brochures and posters to participants.

NGOs Esculap, Edem and others conducted activities to support the campaigns. They conducted seminars, puppet shows, health fairs and other events designed for school teachers, school children and kindergarteners and distributed their own and ZdravPlus IEC materials. Another widely used educational strategy was to show the soap opera and then conduct a discussion around the key messages.

### **FIRST FEELING -**

#### **A DRAMA ON DIARRHEA**

This two-part drama links the story of a doctor-nurse team from an SVP who care for several young children with diarrhea and the story of a young man who falls in love with the SVP nurse. Since he is younger than her, this courtship runs counter to Uzbek tradition, creating abundant opportunity for drama. Ultimately, however, in the face of the nurse's key role in saving the life of a child dehydrated from diarrhea, the older generation relents and allows the wedding to go ahead.

To provide an incentive for health workers to conduct interpersonal communications, ZdravPlus organized contests with prizes. For the anemia and pneumonia campaigns, there were contests between the rayon health centers. They were challenged to conduct events involving large numbers of people: health fairs, talk shows in the community or visits to SVPs, schools or mahallas where they would conduct "community conversations" or perform short dramas or puppet shows on nutrition and ARIs. They could also organize a health booth in a bazaar or some other place where people congregate. All events had to provide information about the campaign topic to the population of the rayon. The health centers' activities were evaluated on a number of criteria, including the accuracy of the information provided (and its support for key campaign messages), creativity, audience participation and the communications skills used by the facilitators. The prizes awarded at the end helped health centers with their health promotion activities; they included a TV set, printer cartridges, a whiteboard with markers, transparencies for overhead projectors, flipchart paper and paper for photocopies.

Another contest was designed to encourage the *public* to seek health care information. Rural women were invited to register for the contest at their local SVP, and about 20,000 of them did so. From this pool of applicants, 50 were drawn at random to take part in a contest where they were asked questions about the IMCI danger signs, and those with the fastest correct answer were invited to participate in the semi-final. The procedure was repeated for the semi-finalists. In the final round, the questions challenged the three finalists to know the Uzbek mnemonic designed to remind people of the danger signs, see box. Prizes

A potentially boring poster presenting the IMCI danger signs was livened up with an Uzbek mnemonic which translates as "Keep in Mind" to remind people of the key words in the IMCI danger signs.

were mostly household items, such as a tea-set or table cloth. The SVPs that had attracted the finalists to register for the contest were also rewarded for their successful outreach efforts with blood pressure cuffs and scales.

Sixteen pilot schools in Ferghana Oblast, where ZdravPlus is introducing new approaches to health lessons, were also actively involved in the campaigns. Project staff developed health lessons on campaign topics, based on the key messages of the campaign, and trained teachers to conduct these lessons in grades one through eight. The soap operas were also shown at out-of-school lessons for children and to parents at meetings. IEC materials were also distributed through schools.

## X. Impact

While the June 2001 KAP survey provided data to help ZdravPlus design its health education program on IMCI, the second KAP survey, conducted in September 2002, allowed project staff to evaluate their efforts and also to formulate ideas for follow-on activities needed to improve child health and further support IMCI. In assessing the data, it should be kept in mind, however, that the 2002 KAP survey was conducted about a year after the end of the anemia campaign and seven months after the end of the pneumonia campaign, so the impact of these activities is likely to have been blunted over time. The survey took place about a month after the diarrhea campaign, so that the data should provide a relatively good measure of the impact of that campaign.

While ZdravPlus' health education program on IMCI had a number of objectives and many, sometimes complex, messages, the most important behaviors it sought to promote were:

- Giving a sick child more to drink;
- Continuing to feed a sick child;
- Exclusive breastfeeding for infants up to the age of six months;
- Recognition of IMCI danger signs;
- Proper complementary feeding, starting at six months of age; and
- Not giving a child antibiotics without a doctor's prescription.

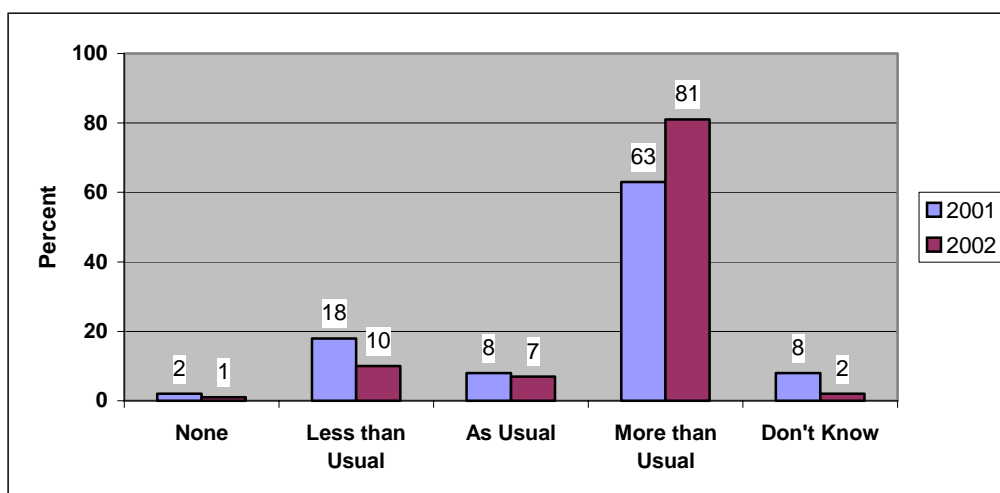
Thus, this summary of the results will focus largely on those indicators.

### A. A Sick Child Should get More to Drink

Figure 2 shows that, after the diarrhea campaign, in September 2002, the percentage of the population reporting that a child with diarrhea should receive *more fluids than usual* increased from 63 to 81 percent. Equally important, the percentage thinking a child should get *less* than usual to drink, or *nothing at all*, declined from 18 to 10 percent and two to one percent respectively. There was also an impressive increase--from 42 to 63 percent--in knowledge that a child with diarrhea should be given Rehydron.

The results of the pneumonia campaign were less impressive, with just 15 percent of the respondents knowing that a child with a cough or a cold should be given plenty of fluids, as compared to 13 percent in 2001. As already noted, however, this may be because seven months had elapsed between the campaign and the survey.

**Figure 2: Percent of Population Stating how much Fluid Should be Given to a Child with Diarrhea**

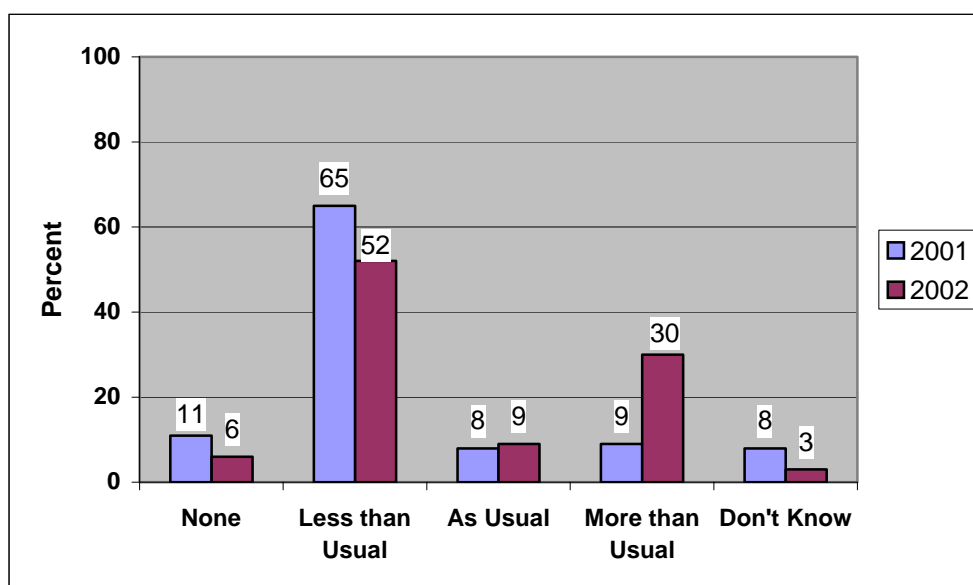


## B. A Sick Child Should Continue Eating

Figure 3 shows that the percentage of the population stating that a sick child should *continue eating as usual* rose only modestly from eight to nine percent. However, there were large increases in the population saying a child should get *more* food than usual, 30 percent, as compared to nine percent a year earlier, possibly indicating some confusion with the message that a sick child should get more to drink than usual. The percentage thinking that a child should get less to eat, or nothing at all, declined quite significantly, from 65 to 52 percent and from 11 to six percent respectively.

In response to a question about continued feeding for a child with a cough or a cold, one of the key messages of the pneumonia campaign, the percentage of the population agreeing with this action increased only from two to three percent. There are some possible explanations for this result. One is the time lapse since the campaign. Another is the wording of the question in the survey, which addressed home *treatment* of the child, which respondents may have interpreted as a reference to medicines, rather than to simple home care for the child.

**Figure 3: Percent of Population Stating how much Food Should be Given to a Child with Diarrhea**



### C. Exclusive Breastfeeding for the First Six Months

The percentage saying an infant under six months should receive nothing but breastmilk rose from 61 to 72 percent. In addition, knowledge that such a young infant should be breastfed more than usual if he/she has diarrhea grew from 15 to 27 percent.

### D. Starting at Six Months, Proper Complementary Foods

The anemia campaign stated that, from the age of six months, a child needs to start receiving three types of foods: meat or fish, beans and vegetables/fruits - as well as continuing to get breastmilk up to the age of two. The baseline KAP survey found that only 11 percent of the population knew that a child under age one should get these three types of foods, but this increased to 20 percent in the endline survey. And the percentage rose to from 25 to 69 percent for children over age one. Interestingly, these results are substantially better than in a survey conducted immediately after the anemia campaign, in November 2002, when one would have expected knowledge to be highest. That survey found that only 13 percent of the population knew that an infant under age one should get the three food types and 49 percent knew that a child over age one should get them. It is possible that continuing training for health workers on anemia and rational nutrition may have contributed significantly to that result.

### E. Recognition of IMCI Danger Signs

Promoting the IMCI danger signs presents a challenge because there are a total of nine danger signs, which is a lot of information for people to take in and retain. To simplify the situation, ZdravPlus focused on only four danger signs related to diarrhea and three related to coughs, colds and fever, although *all* danger signs were included in print materials. Danger signs that were *only* included in print materials and were not reinforced through mass media were those on convulsions and vomiting everything.

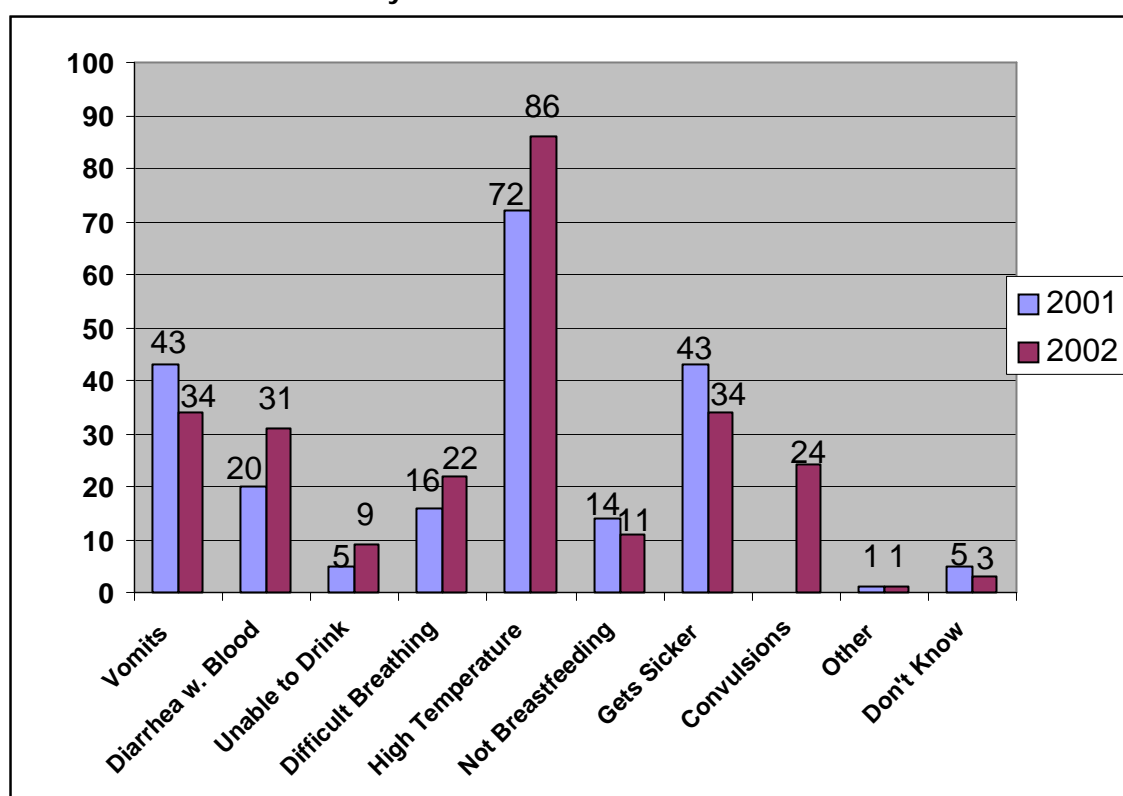
The results are shown in Figure 4. There were several increases in public awareness of the danger signs promoted in the pneumonia campaign:

- Recognition that a child with a cough or a cold and difficult or rapid breathing should be taken to a health worker immediately grew from 16 to 22 percent;
- Recognition that a child who is unable to drink needs immediate medical attention increased from five to nine percent;
- Recognition that a child with a high temperature should get immediate medical attention grew from an already high 72 percent to 86 percent.

Surprisingly, there were also some declines in recognition of danger signs. Awareness that a child who is not breastfeeding or breastfeeding poorly should be taken to a health worker dropped from 14 to 11 percent. And recognition of the danger sign related to a child continuing to get sicker dropped from 43 to 34 percent. It is not clear why this may have happened, there could be methodological reasons related to the survey.

The diarrhea campaign also contributed to awareness of several of the danger signs already addressed during the pneumonia campaign, namely the signs: unable to drink, poor breastfeeding or breastfeeding poorly, continuing to get sicker and the child's temperature goes up. In addition it addressed the need to take a child with diarrhea and blood in the stool to a health worker immediately. Public awareness of this danger sign grew from 20 to 31 percent.

**Figure 4: Percent of the Population Knowing Danger Signs when a Child Should Be Taken to a Health Worker Immediately**



## F. Antibiotics for Children

The KAP surveys indicate encouraging progress with respect to antibiotics. The percentage of people saying they would use an antibiotic for a child with a cough or a cold dropped from 38 to 22 percent. And the percentage saying that a child with diarrhea should get antibiotics fell from 27 to 18 percent.

## G. Reach of Campaign Activities

The campaigns were highly effective in reaching the population, both through mass media and through interpersonal communications. Eighty-three percent of the Ferghana population reported that they received health information through television in 2002, a significant increase over the 62 percent in 2001. There was an even bigger increase in the proportion getting information through radio: 18 percent in 2001 and 41 percent in 2002. Newspapers were also highly effective, growing from 25 to 38 percent. And interpersonal communications through primary health care workers jumped dramatically from 15 to 30 percent.

**Table 1: Sources of Information on Health in the Past Year, 2001 and 2002**

	2001	2002
TV	62	83
Radio	18	41
Newspapers/magazines	25	38
Brochures/posters	2	6
SVP health workers	15	30
Other health workers	6	7
Health center	-	7
NGOs	1	1
School	8	7
Friends	24	21



Relatives	19	12
Received no information	15	7
Don't know	9	1

It is estimated that at least 700,000-800,000 people in Ferghana Oblast were reached through TV and radio with IMCI messages. In addition, since several of the media reach beyond Ferghana Oblast, the campaigns actually touched many more people in the Ferghana valley. Moreover, thanks to the efforts of the Institute on Health, the soap operas and TV spots were aired on national TV, though less intensively than in Ferghana, and the radio spots were also broadcast nationwide. These media reach millions of households across the country.

## XI. Next Steps

Public knowledge and behavior does not change as a result of a year-long effort, it takes many years of repeating information in different ways, though different media. ZdravPlus considers this first health education program on IMCI as a good start but recognizes that much more effort is needed to improve caretakers' practices with respect to childhood illness.

Immediate plans are to conduct a campaign to support exclusive breastfeeding for infants in the first six months of life. Although good progress was made on this issue as a result of the activities described in this report, research before and after the campaigns revealed a number of problems that still need to be addressed to increase levels of exclusive breastfeeding. For example, while mothers would *like* to give a baby nothing but breastmilk, they introduce other foods and drinks because they think they have insufficient breastmilk or that their milk doesn't contain enough nutrients.

There is also clearly a need to reinforce the key messages about giving a child more to drink and continuing to feed him/her when sick, as well as addressing each of the IMCI danger signs in more depth. And a number of feeding practices need to be improved, such as the types of foods given to young children, avoiding giving tea to children and not giving water in the first six months of life. Practices with respect to the giving of medicines, particularly antibiotics, also need more work.

ZdravPlus has also started conducting interpersonal communications skills training for health workers in selected areas of Ferghana Oblast to build their capabilities to counsel clients better and to provide education in their communities more effectively. Nurses will play a large role in these activities. Combined with the broad training of doctors in IMCI in Ferghana Oblast, this should increase the amount of information reaching the public through interpersonal communications as well as improve the accuracy of this information.

ZdravPlus' health promotion campaigns have proved highly popular with the MOH which has arranged for the TV materials to be broadcast nationwide. In the future, the project plans to broadcast nationwide from the beginning. However, building the interpersonal communications skills of health workers is a lengthy undertaking and the project will not even be able to complete that task in Ferghana Oblast, let alone in other parts of the country. It is hoped, however, that these efforts will begin to build the capacity for the community mobilization that is the hallmark of true Community IMCI.

Project staff believe the positive results of the first year of health education on IMCI are attributable to many factors. Among them was the strategy of implementing education through a campaign approach, rather than tackling all the IMCI topics at once, as well as careful research and message development. A team of talented communicators, working in collaboration with experts in IMCI, contributed significantly to the development of materials that proved attractive, understandable and successful with the public, as well as providing technically accurate information. Undoubtedly, another important factor was the link between health education and clinical training on IMCI, so that health workers trained in IMCI were familiar with the messages of the health promotion campaigns. The ability to focus resources on one

oblast was also important, enabling the project to reach virtually every household through a variety of different media. Finally, the political support provided by the MOH and Oblast officials was also invaluable in involving health workers throughout the Oblast and attracting media attention to the campaigns. Ultimately, however, the lion's share of the credit goes to the doctors, nurses, midwives and health educators of Ferghana who invested their time and energy in promoting IMCI messages and providing services following IMCI protocols. It is hoped that this effort will contribute to improving the health of Ferghana's children.

## **Annex 1: Advisory Committee Members:**

### **“There is no Place for Anemia” Campaign**

Gabit Tuichievich, Deputy Director, Institute of Hematology, MOH

Saidjalol Makhmudovich, Head, Department of Hematology and Transfusiology, Tashkent Institute of Advanced Studies

Khamid Kasymovich, Professor, Department of Hematology and Transfusiology, Tashkent Institute of Advanced Studies

Dilarom Suleymanova, Institute of Hematology

Omon Mirtazaev, Director, Institute on Health, MOH

Halim Ahatov, Ferghana Oblast Institute on Health

Roza Mukhamediyarova, Project “Health”

Vera Pyataeva, WHO

Rano Sabitova, Peace Corps

Shukhrat Rakhimjanov, UNICEF

### **“Protect Your Child from Pneumonia” Campaign**

Akmal Sultonov, Head Pediatrician, MOH

Dilbar Makhmudova, Director, Institute of Pediatrics, MOH

Omon Mirtazaev, Director, Institute on Health, MOH

Dilbar Askarova, Deputy Director, Institute on Health, MOH

Halim Ahatov, Ferghana Oblast Institute on Health

Shahobiddin Kuchkarov, Head Pediatrician, Ferghana Oblast Health Department

Roza Mukhamediyarova, Project “Health”

Stefania Avanzani, WHO

Shukhrat Rakhimjanov, UNICEF

### **“Stop Diarrhea” Campaign**

Diloram Ahmedova, Head Pediatrician, MOH

Dilbar Makhmudova, Director, Institute of Pediatrics, MOH

Omon Mirtazaev, Director, Institute on Health, MOH

Halim Ahatov, Ferghana Oblast Institute on Health

Shahobiddin Kuchkarov, Head Pediatrician, Ferghana Oblast Health Department

Umarnazarova Zulkhumor, IMCI trainer

Roza Mukhamediyarova, Project “Health”

Stefania Avanzini, Zakir Hodjaev, WHO

Shukhrat Rakhimjanov, UNICEF

Mavzhuda Babamuradova, Project HOPE

## **Annex 2: Products for Health Education on IMCI**

### **“There is no Place for Anemia” Campaign**

- Three-part TV soap opera in Uzbek
- Six one-minute TV spots in Uzbek
- Six one-minute radio spots in Uzbek
- Six newspaper articles, in Uzbek and Russian
- Two brochures in Uzbek
- One booklet in Uzbek with health education messages for use in interpersonal communications
- One poster in Uzbek
- One 45 minute drama

### **“Protect Your Child from Pneumonia” Campaign**

- Two-part TV soap opera in Uzbek
- Five one-minute TV spots in Uzbek
- Five one-minute radio spots in Uzbek
- Five newspaper articles, in Uzbek and Russian
- Five newspaper advertisements, in Uzbek and Russian
- One brochure in Uzbek
- Two posters in Uzbek: one on ARIs and one on IMCI danger signs

### **“Stop Diarrhea” Campaign**

- Two-part TV soap opera in Uzbek
- Six one-minute TV spots in Uzbek
- Six one-minute radio spots in Uzbek
- Three newspaper articles, in Uzbek and Russian
- Six newspaper advertisements, in Uzbek and Russian
- Two brochures in Uzbek: one on diarrhea and one on hygiene
- Two posters in Uzbek: one on diarrhea and one on hygiene
- One drama in Uzbek.

### **Other products**

IMCI Mother’s Card, adapted to Uzbekistan  
Brochure on immunization